

## Interested in enrolling in a Group MedicareBlue<sup>SM</sup> Rx (PDP) plan?

### Your drug costs are tracked for you

Your drug costs are tracked by the plan to determine when you move from one stage of coverage to the next. “**Total yearly drug costs**” determine when you enter the coverage gap stage. They are the amounts that you and the plan have paid for covered drugs in a calendar year. This does not include any premiums.

The costs used to determine when you enter the catastrophic coverage stage are slightly different. “**True out-of-pocket drug costs**” refers to the amounts that you have paid for covered drugs in a calendar year. This does **not** include the amount the plan has paid or any premiums.

### Here’s how the Group MedicareBlue Rx plans work, including the coverage gap ...

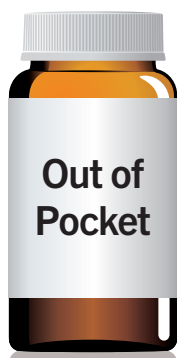
The Basic and Plus drug plans have three stages of coverage: the initial coverage period, the coverage gap or “donut hole,” and the catastrophic coverage period.



Pay until  
“total yearly  
drug costs”  
= \$3,310.

#### 1. Initial Coverage

During the initial coverage period, you have no initial deductible. You’ll pay copays for your drugs based on the plan design and tier on which your drug resides until your “total yearly drug costs” reach \$3,310.



After you reach your  
“total yearly drug  
costs,” \$3,310 — then  
you’ll continue to pay  
until “true out-of-  
pocket drug costs”  
= \$4,850.

#### 2. Coverage Gap

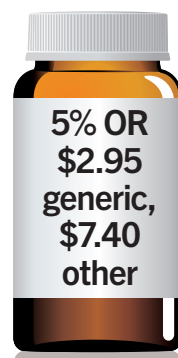
The coverage gap or “donut hole” occurs after your “total yearly drug costs” reach \$3,310 and continues until true out-of-pocket drug costs you pay reach \$4,850.

**BASIC:** During the coverage gap you’ll...

- › Pay up to a \$10 copay for generics for a 31-day supply.
- › Receive up to a 45 percent discount on select brand-name drugs eligible for the Medicare Coverage Gap Discount Program.
- › Generally pay no more than 58 percent of the plan’s costs for generic drugs.

**PLUS:** During the coverage gap you’ll ...

- › Pay the same copays as in the initial coverage (no change) for all drug tiers.



What you pay for  
the rest of the  
year after you  
reach your “true  
out-of-pocket  
drug costs.”

#### 3. Catastrophic Coverage

If your “true out-of-pocket costs” for the year (the amount you pay in drug copays or coinsurance) reach \$4,850, you will then enter the catastrophic coverage stage, and — from that point — pay the greater of:

- › \$2.95 for covered generic or multi-source preferred brand drugs, and \$7.40 for all other covered drugs (based on a 31-day supply), or
- › 5 percent of the cost of covered drugs.

**Questions?** Call 877-838-3827 8 a.m. – 8 p.m., daily, CT (TTY 711).

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Group MedicareBlue<sup>SM</sup> Rx (PDP) is a Medicare-approved Part D sponsor. Enrollment in Group MedicareBlue Rx depends on renewal of the plan sponsor's Medicare contract. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. The formulary or pharmacy network may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium.